## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/534640

| CLAIMS AS FILED - PART I   |  |   |  |                               |                              |                               | SMALL ENTITY        |                        | OTHER THAN |                            |                        |
|--|--|---|--|-------------------------------|------------------------------|-------------------------------|---------------------|------------------------|------------|----------------------------|------------------------|
| L  |  |   | (Colum   | n 1)                          | (Column 2)                   |                               | TYPE                | · ·                    | OR         | SMALL E                    |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                               |                              |                               | RATE                | FEE                    |            | RATE                       | FEE                    |
| BAS  | SIC FEE  |   | SMALL ENT                                      | . = \$ 150                    | LARG                         | SE ENT. = \$ 300              | BASIC FEE           |                        | OR         | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | (4) = \$50/\$100                               |                               |                              | her situations = 100 / \$ 200 | EXAM. FEE           |                        | 1          | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = 3<br>ALL other co<br>\$ 200 / \$ | untries =                     |                              | her situations = 250 / \$ 500 | SEARCH FEE          |                        |            | SEARCH FEE                 | 400                    |
| FEE  | FOR EXTRA S                                    | SPEC. PGS.                                | min  | us 100 =                      |                              | / 50 =                        | X \$ 125 =          |                        | 1          | X \$ 250 =                 |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | / ← minus 20 =                                 |                               |                              |                               | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
| IND  | EPENDENT CL                                    | AIMS                                      | 6 minus 3 = * 3                                |                               |                              |                               | X \$ 100 =          |                        | OR         | X \$ 200 =                 | 600                    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                               | _                            |                               | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                               |                              | lumn 2                        | TOTAL               |                        | OR         | TOTAL                      | 1500                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |  |                               |                              |                               | SMALL ENTITY        |                        | OR         | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | NUM                           | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |                              | =                             | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                           |                              | =                             | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
| ;  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                              |                               | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|  |  |   |  |                               |                              |                               | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |                               |                              |                               |                     |                        |            |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA              | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |                              | =                             | X \$ 25 =           |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                           |                              | =                             | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                              |                               | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|  |  | TOTAL ADDIT.<br>FEE                       |  | OR                            | TOTAL ADDIT.<br>FEE          |                               |                     |                        |            |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20" enter "20". |  |   |  |                               |                              |                               |                     |                        |            |                            |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.